

Impetigo

Commonly seen in children, this is caused by an infection with **Strep pyogenes**. Bullous impetigo is increasing in incidence and is caused by *Staph aureus*. Look for a **child** with **honey-crusted lesions** on the **face**. Impetigo can lead to **post-strep glomerulonephritis** but **NOT rheumatic fever**. Diagnosis is clinical, often in response to therapy if not just by the lesion itself. Treat **topically** (mupirocin) or with systemic antibiotics. **Any Beta-Lactam antibiotic (amoxicillin or 1st gen cephalosporins)** is sufficient for the initial treatment of non-bullous impetigo. If bullous or there is no response, switch to **clindamycin**.

Erysipelas

Commonly seen in adults, this is caused by an infection with **Strep pyogenes**. Erysipelas infects the lymphatics, so it'll be easy to see a **dark red, well-demarcated, indurated** lesion that outlines the lymphatics, appearing to "climb up the extremity." Treatment, like impetigo, starts with Beta-Lactams against strep (Amoxicillin) and escalates if there's no improvement.

Acne Vulgaris

The most common dermatologic condition, it's caused by an infection by **Propionibacterium acnes**. It causes zits. Acne is a product of increased sebum production, follicular hyperkeratinization, and colonization. It's a clinical diagnosis. The type of acne determines the approach to treatment.

See this as "the worse the acne or the more refractory, the higher up the ladder you go." That ladder is topical retinoids, benzoyl peroxide, oral antibiotics, and isotretinoin. It is truly an escalation approach:

- Not bad acne = retinoids
- Teen cares about acne = benzoyl + retinoids
- Acne won't go away = doxycycline
- Scarring, nothing else has worked, severe = isotretinoin

On the test, though, they'll give buzzwords that you should link with certain treatments. Rather than escalate, jump right to the treatment (see to the right).

Tinea Infections

Tinea corporis is infection on the body. Look for a round expanding plaque with moderate scaling and central clearing. It responds to topical antifungals

Tinea pedis is infection of the foot. Look for interdigital maceration and scaling between toes. Treat with topical antifungals.

Tinea cruris is "jock itch" and is a fungal infection of the groin. Treat with topicals.

Tinea unguium (onychomycosis) is treated with **oral** antifungals. Terbinafine is best, itraconazole is ok. Make sure you confirm the diagnosis with a KOH prep.

Disease State	Treatment
Comedones (whiteheads, blackheads)	Topical retinoids
Inflamed Comedones or Pustules	Topical Retinoids + Benzoyl Peroxide
Severe Pustular or Nodulocystic disease	Oral Antibiotics (Doxycycline, erythromycin)
Severe Inflammatory or Resistant	Isotretinoin (UPT first)